

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		3		3		
9		2 <sup>a</sup>		2		
10		7		7		
11				1		
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TOTAL IND.	1		2			
TOTAL DEP.		18		23		
TOTAL CLAIMS	1	18	2	23		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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